

**APPLICATION****LICENSE**

Date Received \_\_\_\_\_

Date Approved \_\_\_\_\_

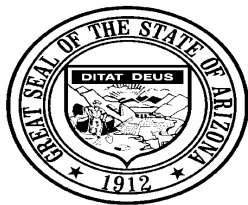
Fee Paid \$ \_\_\_\_\_ Receipt # \_\_\_\_\_

Fee Paid \$ \_\_\_\_\_ Receipt # \_\_\_\_\_

Date License Mailed \_\_\_\_\_

License # \_\_\_\_\_ Eff. Date \_\_\_\_\_

(DO NOT WRITE ABOVE THIS LINE)

**ARIZONA STATE BOARD OF DISPENSING OPTICIANS**

1400 W. Washington, Rm. 230, Phoenix, Arizona 85007

**APPLICATION FOR ADMISSION TO PRACTICAL EXAMINATION****Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_**Social Security Number** (Required by A.R.S. §25-320) \_\_\_\_\_**Applicant's Name** \_\_\_\_\_  
(Print or type name as you desire it to appear on license)**Home Address** \_\_\_\_\_  
(Street & Number) (City) (State) (Zip) (Home Phone)**Email address:** \_\_\_\_\_**Current Employer** \_\_\_\_\_ **Establishment License No:** \_\_\_\_\_**Which location** \_\_\_\_\_  
(Street & Number) (City) (State) (Zip) (Work Phone)**INSTRUCTIONS**

- This application should be typewritten or legibly printed and sent to the Arizona State Board of Dispensing Opticians, 1400 W. Washington, Room 230, Phoenix, Arizona 85007. The board will act only on those applications, which are completely and properly completed by the applicant. Answer all questions relative to your application as completely as possible. You must submit at least two letters from licensed dispensing opticians, physicians, or optometrists stating that you worked as a dispensing optician for the required number of years, as stated in A.R.S. §32-1683.5(a) or (b) or (c) or (d). In addition, you must submit three letters attesting that you are of good moral character from individuals not related to you who have known you at least two years. This makes a minimum of five letters, which must be submitted with this application. If your optical dispensing experience includes more than one employer, you must include a letter from each employer for which you claim experience time in the last six years. You must also submit the original examination scores from the ABO and NCLE (these will be returned upon request).
- Applications **must be received** by the board at least **45 days prior to the examination date**. The applicant will be notified of the time and place of examination upon approval of the application by the board. The applicant will be advised of the results of the examination by mail.
- Once the examination is successfully completed, and upon receipt of the licensing fee, (\$100.00), the applicant will be issued a dispensing optician's license which will expire on December 31st of each year, unless renewed under the terms and conditions prescribed by the board.
- Continuing education credits as outlined in the board Rule R4-20-120 are required.
- A non-refundable application fee, as specified below must accompany this application. This application fee must be in the form of a money order or cashier's check, made payable to the Arizona State Board of Dispensing Opticians.
- Contact the Board Office at (602) 542-3095 with questions concerning application and examination date.

**CURRENT NON-REFUNDABLE APPLICATION FEE: \$100.00**

### **OPTICAL DISPENSING EXPERIENCE**

Name, address and professional designation of dispensing optician, physician or optometrist under whose direct supervision you worked as a dispensing optician. List only experience gained during the last six years.

Employer Name	Address City, State, Zip	Telephone Area Code + number	Dates	
			Mo./Day/Yr. Started	Mo./Day/Yr. Ended

In order for optical dispensing experience to qualify an applicant to take the Arizona examination, the optical dispenser must meet one of the following criteria:

- A. An apprenticeship as a dispensing optician for three of the last six years; or
- B. An apprenticeship as a dispensing optician for one year, if a graduate of an accredited two year ophthalmic dispensing program approved by the board.

The board may accept a maximum of 6 months of optical laboratory experience toward satisfying the apprenticeship requirements, if such experience is directly involved in the production process.

### **OPTICAL LABORATORY EXPERIENCE**

Name and address of optical laboratories where you worked, if any, and type of work done.

Name and address of employer	Type of work done	Mo./Day/Yr.	Mo./Day/Yr.

### **HISTORY**

Have you ever been convicted of a crime other than minor traffic violations?

Yes \_\_\_\_ No \_\_\_\_  
(If "Yes", attach details)

Have you ever been refused a professional or occupational license in any state?

Yes \_\_\_\_ No \_\_\_\_  
(If "Yes", attach details)

Have you ever had a professional or occupational license suspended or revoked?

Yes \_\_\_\_ No \_\_\_\_  
(If "Yes", attach details)

## **EDUCATION**

High school  
attended: \_\_\_\_\_

Name	Address	City	State
Did you graduate? Yes _____ Year _____ No _____			
If no, do you have a certificate of equivalency? Yes _____ Year _____ No _____			
If yes, awarded by _____			

Name	Address	City	State
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(ATTACH PHOTOCOPY OF HIGH SCHOOL DIPLOMA OR GENERAL EDUCATION DIPLOMA ISSUED BY ANY STATE)

## **OPHTHALMIC OPTICS COURSES**

Name and address of accredited school of optical dispensing from which you graduated

\_\_\_\_\_

No. of months you attended such school \_\_\_\_\_ Date of graduation \_\_\_\_\_ Degree received \_\_\_\_\_

(ATTACH PHOTOCOPY OF DIPLOMA)

## **PREVIOUS LICENSURE**

Do you presently hold a valid and subsisting dispensing opticians license in good standing in another state?

License No. \_\_\_\_\_ State \_\_\_\_\_ Date of Issuance \_\_\_\_\_ Date of Expiration \_\_\_\_\_

(ATTACH A PHOTOCOPY OF YOUR LICENSE, ACCOMPANIED BY A LETTER FROM AN OFFICER OF THE LICENSING BOARD VERIFYING THAT THE LICENSE IS VALID AND IN GOOD STANDING)

## **NATIONAL COMPETENCY EXAMINATION**

Attach the original notice of successful passage of national eyeglass and contact lens examinations or a letter directly from the national examining board verifying your successful completion of the eyeglass and contact lens examinations. Also include verification that the national certificates issued at the time of passage of the examinations have been kept current by completion of required continuing education courses (required by A.R.S. §32-1682.D).

## **PHOTOGRAPH**

Attach  
Photograph securely  
In this space

**Applicant's photograph taken  
within last six months.  
NO SMALLER THAN 1½ x 2 INCHES**

STATE OF \_\_\_\_\_ )  
 ) ss.  
COUNTY OF \_\_\_\_\_ )

The applicant

\_\_\_\_\_  
(Print name in full)

### AFFIDAVIT

Being first duly sworn upon his/her oath deposes and says: I am the person named subscribing to this application; I have read the completed application and know the full content thereof and declare that all of the information, evidence or other credentials submitted herewith are true and correct; and that it, together with all the credentials submitted, were procured without fraud or misrepresentation or any mistake of which I am aware. I agree that my application and credentials are subject to independent verification. Further, I authorize all institutions or organizations, my references, employers (past and present), business and professional associates (past and present) and all government agencies (local, state, federal or foreign) to release to the Arizona State Board of Dispensing Opticians or its successors any information, files or records requested by that Board in connection with this application. I authorize the Arizona State Board of Dispensing Opticians or its successors to release to the organizations, individuals or groups listed above any information which is material to this application or any subsequent licensure. I acknowledge that falsification of any item or response on this application is adequate to deny the same or to hold a hearing to revoke the same, if issued.

Applicant further swears that he or she has read and understands Chapter 15.1, Title 32, A.R.S., commonly known as the Arizona Dispensing Opticians Act, and the Rules promulgated by the Board, and advised that he or she assumes the responsibility to read any future changes that may revise or amend the present applicable statutory provisions and rules.

\_\_\_\_\_  
(NOTARIAL SEAL)

\_\_\_\_\_  
(Signature of Applicant)

SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
(Notary Public)

\_\_\_\_\_  
My Commission Expires

*"An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition. This section may be enforced in a private civil action and relief may be awarded against the state. The court shall award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the state for a violation of this section. A state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the agency's adopted personnel policy. This section does not abrogate the immunity provided by Section 18-820.01 or 12-820.02."*



Do you need this information in an alternative format? Please call the  
Board Office at 602-542-3095